

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**09/787238** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		X		X	
5	/					
6	/		/		/	
7	/					
8	/					
9	/					
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		X	
14	/		/			
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48						
49						
50						
TOTAL IND.	3	↓	3	↓	2	↓
TOTAL DEP.	11	↔	10	↔	7	↔
TOTAL CLAIMS	14		13		9	

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
55			
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95			
96			
97			
98			
99			
100			
TOTAL IND.		↓	
TOTAL DEP.		↔	
TOTAL CLAIMS			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
National Stage Processing  
(703) 305-3631

(2)

CLAIMS ONLY						Application Number 09/787,338	Filing Date			
						Applicant(s)				
10-26-01						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/					51				
2	/					52				
3	/					53				
4	X					54				
5						55				
6	/					56				
7	/					57				
8	/					58				
9	/					59				
10	/					60				
11	/					61				
12	X					62				
13	X					63				
14						64				
15						65				
16						66				
17						67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77				
28						78				
29						79				
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32						82				
33						83				
34						84				
35						85				
36						86				
37						87				
38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims						Total Claims				